

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 3 — 0 6</u>	2. STATE: Nevada
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE February 1, 2003	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT


COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act 1927	7. FEDERAL BUDGET IMPACT: a. FFY 2003 \$ (864,780) b. FFY 2004 \$ (898,573)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1A, pages 5a, 5b and 5c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1A, pages 5a, 5b, and 5c


10. SUBJECT OF AMENDMENT: Revises the outpatient pharmaceuticals requiring prior authorization to a more consis consistent manner. ~~The addition of Oxycontin, Synagis, Toradol, Triptans and duragesic patches have been added.~~

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: John A. Liveratti, Chief Compliance, DHCFP 1100 East William Street, Suite102 Carson City, Nevada 89701
13. TYPED NAME: Michael J. Willden	
14. TITLE: Director, DHR	
15. DATE SUBMITTED:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: March 21, 2003	18. DATE APPROVED: May 20, 2003
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: February 1, 2003	20. SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Linda Minamoto	22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health
23. REMARKS:	

12. a.

1. Nevada Medicaid will meet all reporting and provision of information requirements of section 1927(b)(2) and the requirements of subsections (d) and (g) of Section 1927.
2. Covered outpatient drugs are those of any manufacturer who has entered into and complies with an agreement under section 1927(a), which are prescribed for a medically accepted indication (as defined in subsection 1927(k)(6)) of Title XIX of the Social Security Act.

a) Excluded Medications

- 1) Agents used for weight loss.
- 2) Agents when used to promote fertility. (e.g., Clomid, Metrodin, Pergonal).
- 3) Pharmaceuticals designated "ineffective" or "less than effective" (including identical, related, or similar drugs) by the Food and Drug Administration (FDA) as to substance or diagnosis for which prescribed.
- 4) Pharmaceuticals considered "experimental" as to substance or diagnosis for which prescribed.
- 5) Pharmaceuticals manufactured by companies not participating in the Medicaid Drug Rebate Program unless rated "1-A" by the FDA.
- 6) Agents used for cosmetic purposes or hair growth.

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3. The State will not pay for covered outpatients drugs of a non-participating manufacturer, except for drugs rated "1-A" by the FDA. If such a medication is essential to the health of a recipient and a physician has obtained approval for use of the drugs in advance of its dispensing, it may be covered by the program pursuant to section 1927(a)(3).

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4. The Medicaid program restricts coverage of certain covered outpatient drugs through the operation of a prior authorization program. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two hour supply of medication in accordance with the provisions of §1927(d)(5) of the Social Security Act.
5. Pursuant to section 1927(d)(6) the State has established a maximum quantity of medication per prescription as a 34 day supply.
 - a) In those cases where less than a 30 day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.
 - b) In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30 day supply.
12.
 - b. Dentures require prior authorization of the Medicaid Dental Consultant.
 - c. Prosthetic devices must be prescribed by a physician or osteopath and must be prior authorized by the Nevada Medicaid Office on Form NMO-3.
 - d. Eyeglasses are limited to those prescribed to correct a visual defect of at least 0.50 diopters or 10° axis once in 24 months. In addition, they are available on the periodicity schedule established for EPSDT.

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